

REMARKS**Summary of the Office Action**

Claims 1, 2, 4-6, 8 and 9 are rejected under 35 U.S.C. § 102(b) as being anticipated by U.S. Patent No. 6,146,061 to Larsson ("Larsson").

Claims 3 and 7 are objected to as being dependent upon a rejected base claim, but would be allowable if rewritten in independent form including all of the limitations of the base claim and any intervening claims.

Response to the Office Action

Applicants respectfully thank the Examiner for the indication of allowable subject matter recited in dependent claim 3. Applicants have amended independent claim 1 to include all of the limitations of claim 3, and thus claim 1 is in condition for allowance. Claims 2 and 4-6 depend from claim 1, and are in condition for allowance for reciting the same combination of allowable features recited in claim 1.

Applicants have canceled claims 3 and 7-9 without prejudice or disclaimer.

Accordingly, it is requested that the rejection under 35 U.S.C. § 102(b), of claims 1, 2 and 4-6, be withdrawn, and the claims allowed. A Notice of Allowance is requested.

CONCLUSION

In view of the foregoing, Applicants submit that the pending claims are in condition for allowance, and respectfully requests reconsideration and timely allowance of the pending claims. Should the Examiner feel that there are any issues outstanding after consideration of this response, the Examiner is invited to contact Applicants' undersigned representative to expedite prosecution. A favorable action is awaited.

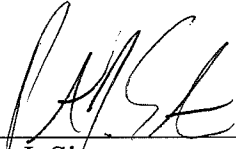
EXCEPT for issue fees payable under 37 C.F.R. § 1.18, the Commissioner is hereby authorized by this paper to charge any additional fees during the entire pendency of this application including fees due under 37 C.F.R. § 1.16 and 1.17 which may be required, including any required extension of time fees, or credit any overpayment to Deposit Account No. 50-0573. This paragraph is intended to be a **CONSTRUCTIVE PETITION FOR EXTENSION OF TIME** in accordance with 37 C.F.R. § 1.136(a)(3).

Respectfully submitted,

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By: _____


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